

PLEASE PRINT

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

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APR 1 a 2018

NEW HAMPSHIRE DEPARTME AT OF STATE

(RSA Chapter 15)

I. Name of Lobby	ist(s) Sean Moore			
II. Name of lobby	ist's partnership, firm or co	rporation, if any:		
Consumer Healtl	hcare Products Association	l		
(Name of partnership, firm or corp	ooration)		
1625 I "Eye" St.,	NW	Washington	DC	20006
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(202) 429-3524	(202)	429-3537	e-mail smoore@c	hpa.org
(Telephon		(Fax)		
reportable expens	t covers: (Choose one – file se transactions which are no	t attributable to an	y one client).	
•	transactions occurring in the n	-	porting date relative to the	following client:
Consumer Healtl	hcare Products Association (Full Name of Client as it a		Registration Form)	
<u>OR</u>	(run Name of Chem as it a	ppears on the Loudyis	regionation Politi	
	ransactions by the lobbyist (in articular client.	cluding the lobbyist	's family), or the lobbying	firm listed below which are
IV. Date of Repor	rt April 25, 2018 Activity from date of registration	to 3/31/18 ac	July 25, 2018	
	October 31, 2018 activity from 7/1/18 to 9/30/1	18 ac	January 30, 2019 Ativity from 10/1/18 to 12/31/	18
	een no fees received and reed, complete just this form and			
VI. Check if addit	tional reports are attached:			
	ceived fees or made expenditu	res, you must file A	ddendum A– Fees and Ex	penses
☐ If you have pa Expense Reimburs	id an honorarium or reimburso	ed expenses, you mu	st file Addendum B – Rep	ort of Honorariums or
☐ If you, your fir	rm, or your family has made p	olitical contribution	s, you must file Addendur	n C- Political Contributions
I have read RSA 1: and complete to the	/Affirmation by Lobbyist 5, RSA 15-B, RSA 14-C and be best of my knowledge and be by yist)	elief.	swear or affirm that the fo	
(Signature of lobb	yist)		(Date	;)
Sean Moore				
(Print Name of lol	bbvist)			

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Sean Moore	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Consumer Healthcare Products Association (Name of partnership, firm or corporation)	
III. Name of Client Consumer Healthcare Products Association	Date 04/04/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ <u>397.39</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	b) \$ 0.00 ar)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>397.39</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0.00</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reperfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by hay be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a busines is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50 expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>840.14</u>
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0.00</u>
a) Total of all itemized expanditures reported in detail in section VI	c) \$ 0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 840.14
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0.00</u>
f) Total of all expenses year to date	f) \$ <u>840.14</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(m RM or =	5 April 2018 (Date)
(Signature of lobbyist)	(Date)
Sean Moore	
(Print Name of lobbyist)	